# Case 1:20-bk-10219 Doc 1 Filed 01/28/20 Entered 01/28/20 08:40:11 Desc Main Document Page 1 of 51

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:	А	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Shannon First name  D. Middle name		irst name  Middle name
	Bring your picture identification to your meeting with the trustee.	Miller  Last name and Suffix (Sr., Jr., II, III)	La	ast name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6708		

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Debtor 1 Shannon D. Miller

Case number (if known)

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):  □ I have not used any business name or EINs.			
		■ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	5263 Belclare Road	If Debtor 2 lives at a different address:			
		Cincinnati, OH 45247  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Hamilton				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
ò.	Why you are choosing this district to file for	Check one:	Check one:			
bankruptcy		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Desc Main Page 3 of 51 Document Debtor 1 Case number (if known) Shannon D. Miller Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When Case number District When Case number District 10. Are any bankruptcy ■ No cases pending or being ☐ Yes. filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you

11. Do you rent your residence?

☐ No.

Go to line 12.

District

Yes.

Has your landlord obtained an eviction judgment against you?

When

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Case number, if known

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Case number (if known) Debtor 1 Shannon D. Miller Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? ☐ Yes. Name and location of business A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Shannon D. Miller

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Shannon D. Miller	•			Case number (if know	wn)		
Part	6: Answer These Quest	ions for Re	porting Purposes					
16.	What kind of debts do you have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
				business debts? Business delanvestment or through the operation				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	u owe that are not consumer deb	ots or business debt	S		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chap	ter 7. Go to line 18.				
after any exempt are paid that funds will be available						excluded and administrative expenses		
	property is excluded and administrative expenses		■ No					
	are paid that funds will be available for		☐ Yes					
	distribution to unsecured creditors?							
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000	[	☐ 25,001-50,000		
	you estimate that you owe?	☐ 50-99		<b>5001-10,000</b>		□ 50,001-100,000		
	OWE:	<b>1</b> 00-19		□ 10,001-25,000	Ι	☐ More than100,000		
		□ 200-99	9					
19.	How much do you	<b>\$0 - \$5</b>	0.000	□ \$1,000,001 - \$10 m	nillion [	☐ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		1 - \$100,000	<u> </u>		31,000,000,001 - \$10 billion		
			01 - \$500,000	□ \$50,000,001 - \$100 □ \$100,000,001 - \$50		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
		□ \$500,0	01 - \$1 million	<u> </u>	JO MIIIION L	I More triair \$50 billion		
20.	How much do you	<b>\$0 - \$5</b>	0,000	□ \$1,000,001 - \$10 m	nillion [	☐ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?		1 - \$100,000	<u> </u>		\$1,000,000,001 - \$10 billion		
			01 - \$500,000	□ \$50,000,001 - \$100		3 \$10,000,000,001 - \$50 billion		
		□ \$500,0	01 - \$1 million	□ \$100,000,001 - \$50	o million L	☐ More than \$50 billion		
Part	7: Sign Below							
For	you	I have exa	mined this petition, and I of	declare under penalty of perjury t	that the information	provided is true and correct.		
				er 7, I am aware that I may proce e relief available under each cha		Chapter 7, 11,12, or 13 of title 11, o proceed under Chapter 7.		
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					torney to help me fill out this			
		I request r	elief in accordance with th	e chapter of title 11, United State	es Code, specified in	n this petition.		
			nderstand making a false statement, concealing property, or obtaining money or property by fraud in connection hkruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152,					
			non D. Miller					
			<b>D. Miller</b> of Debtor 1	Signa	ture of Debtor 2			
		Executed	on lanuary 24 2020	Eveci	uted on			
		LACCUICU	on <u>January 21, 2020</u> MM / DD / YYYY		MM / DD /	YYYY		
			· 					

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Debtor 1 Shannon D. Miller Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Michael S. Bailey	Date	January 21, 2020
Signature of Attorney for Debtor	_	MM / DD / YYYY
Michael S. Bailey 0055707		
Bailey & Gunderson Co., L.P.A.		
5257 Montgomery Road Cincinnati, OH 45212-1654		
Number, Street, City, State & ZIP Code		
Contact phone (513) 631-0022	Email address	Bailey.gunderson@fuse.net
0055707 OH		
Bar number & State		

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		Docume	ent Page 8 of 51	
Fill in this informa	ation to identify your	case:		
Debtor 1	Shannon D. Mille	r		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bank	kruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				☐ Check if this is an amended filing
				 -

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

hedule A/B: Property (Official Form 106A/B) Copy line 55, Total real estate, from Schedule A/B	\$ \$ \$	what you own  0.00  16,631.00  16,631.00  bilities you owe  25,621.63
Copy line 55, Total real estate, from Schedule A/B	\$  Your lia Amount  \$	16,631.00 16,631.00 bilities you owe 25,621.63
Copy line 63, Total of all property on Schedule A/B	Your lia Amount  \$	16,631.00 bilities you owe 25,621.63
Summarize Your Liabilities  The dule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  The dule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$\$	bilities you owe 25,621.6
hedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D hedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$\$	25,621.63
Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  hedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$\$	25,621.63
Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  hedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ \$	
Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	22,585.8
Your total liabilities	\$	48,207.45
Summarize Your Income and Expenses		
hedule I: Your Income (Official Form 106I) py your combined monthly income from line 12 of Schedule I	\$	3,007.2
hedule J: Your Expenses (Official Form 106J) py your monthly expenses from line 22c of Schedule J	\$	3,006.43
Answer These Questions for Administrative and Statistical Records		
e you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	edules.
3,,,		
p:	y your monthly expenses from line 22c of <i>Schedule J</i> Answer These Questions for Administrative and Statistical Records  you filing for bankruptcy under Chapters 7, 11, or 13?	y your monthly expenses from line 22c of Schedule J

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Shannon D. Miller Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_3,752.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	8,667.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	8,667.00

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Fill in this info	rmation to identify your	case and this filing:			
Debtor 1	Shannon D. Mille	,			
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT O	F OHIO		
	, ,				
Case number					☐ Check if this is an
					amended filing
Official Fo	orm 106A/B				
		0 P4. /			
	le A/B: Prop				12/15
hink it fits best.	Be as complete and accura are space is needed, attach	te as possible. If two married	ce. If an asset fits in more than o people are filing together, both a . On the top of any additional pag	re equally responsible for	supplying correct
Part 1: Describe	e Each Residence, Building	, Land, or Other Real Estate	You Own or Have an Interest In		
. Do you own or	have any legal or equitable	e interest in any residence. bu	uilding, land, or similar property?		
_	, , , ,	,,,,,,,, .	3, 4 4, 4 4 4 4		
No. Go to Pa	art 2.				
☐ Yes. Where	is the property?				
Part 2: Describe	e Your Vehicles				
Describe	t rour vernoies				
☐ No ■ Yes	rucks, tractors, sport ut	ility vehicles, motorcycles	ì		
				Do not doduct socured	claims or exemptions. But
3.1 Make:	Chevrolet	Who has an interes	st in the property? Check one		claims or exemptions. Put ured claims on Schedule D:
Model:	Malibu	Debtor 1 only		Creditors Who Have Co	laims Secured by Property.
Year:	2018	Debtor 2 only		Current value of the	Current value of the
Approxima Other info		Debtor 1 and De	•	entire property?	portion you own?
Other inio	maiion.	At least one of the	ne debtors and another		
		☐ Check if this is	community property	\$13,226.00	\$13,226.00
		(see instructions)	, pp,		
Examples: Bo  No Yes  Add the doll pages you h	ats, trailers, motors, personals, trailers, motors, personal are value of the portion yeave attached for Part 2.	onal watercraft, fishing vess  you own for all of your ent Write that number here	al vehicles, other vehicles, and els, snowmobiles, motorcycle a tries from Part 2, including an	ccessories by entries for	\$13,226.00
Do you own or	have any legal or equita	able interest in any of the	following items?		Current value of the portion you own?
					Do not deduct secured

claims or exemptions.

### 

6. Household goods and furnishings  Examples: Major appliances, furniture, linens, china, kitchenware  □ No ■ Yes. Describe  Bedroom Set #1	\$250.00
	\$250.00
Bedroom Set #1	\$250.00
Stereo	\$25.00
Bedroom Set #2	\$200.00
Stove	\$100.00
Clove	Ψ100.00
	<b>6450.00</b>
Dining Room Set	\$150.00
Television	\$200.00
Living Room Set	\$300.00
VCR	\$30.00
<u> </u>	
Refrigerator	\$100.00
	•
Washer / Dryer	\$200.00
Washer / Dryer	Ψ200.00
<ul> <li>7. Electronics         Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic including cell phones, cameras, media players, games         ■ No         □ Yes. Describe     </li> </ul>	ectronic devices
<ul> <li>8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball of other collections, memorabilia, collectibles ■ No □ Yes. Describe</li> </ul>	card collections;
<ul> <li>9. Equipment for sports and hobbies         Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; of musical instruments         □ No         ■ Yes. Describe     </li> </ul>	carpentry tools;
Two (2) Coolster 125cc ATV's	\$600.00
<ul> <li>10. Firearms  Examples: Pistols, rifles, shotguns, ammunition, and related equipment  No  Yes. Describe</li> <li>11. Clothes  Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories</li> </ul>	

■ No

page 2

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	Shannon D. N	/iiier			Case	number (if known) _	
	☐ Yes. Describe						
12.	Jewelry Examples: Everyday jew □ No ■ Yes. Describe	relry, costume jew	elry, eng	gagement rings, wedding	g rings, heirloom jewelry,	watches, gems, gold	d, silver
		Woman's Eng	agemer	nt Ring & Woman's	Diamond Earrings		\$500.00
	Non-farm animals  Examples: Dogs, cats, b  □ No  ■ Yes. Describe						to on
		Dogs & Cat					\$0.00
	Any other personal and ■ No □ Yes. Give specific info . Add the dollar value o	rmation					
	for Part 3. Write that n					-	\$2,655.00
Pa	rt 4: Describe Your Financ	ial Assets				_	
	you own or have any le		nterest	in any of the following	?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	Cash  Examples: Money you h.  □ No  ■ Yes					you file your petition	
					С	ash	\$50.00
	Deposits of money  Examples: Checking, sa institutions. If  □ No			counts; certificates of data with the same institu		nions, brokerage hou	uses, and other similar
	Yes			Institution nam	e:		
		17.1. <b>Check</b>	ng	Fifth Third E	Bank Checking Acco	unt	\$300.00
		17.2. <b>Savin</b> g	s	Fifth Third E	ank Savings Accou	nt	\$0.00
	Bonds, mutual funds, o Examples: Bond funds, i  ■ No			orokerage firms, money	market accounts		
	□ Yes	Institution	or issue	er name:			
19.	Non-publicly traded sto joint venture ■ No	ck and interests	in incor	porated and unincorp	orated businesses, inc	luding an interest i	n an LLC, partnership, and
	<ul><li>■ No</li><li>☐ Yes. Give specific info</li></ul>	rmation about the	m				
		Name of entire	y:		% of	ownership:	

page 3

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יט	ebioi   Snannon L	J. Miller	Case number (if known)	
20.	Negotiable instrumer	nts include personal checks, ca	gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them.	
	Yes. Give specific in	nformation about them Issuer name:		
21.	. Retirement or pension  Examples: Interests i  ■ No		403(b), thrift savings accounts, or other pension or profit-sharing	plans
	☐ Yes. List each acco	ount separately.  Type of account:	Institution name:	
22.		sed deposits you have made s	so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications compar	nies, or others
	Yes		Institution name or individual:	
		Rental Deposit	Rental Deposit (Dave Hummel, Landlord)	\$400.00
23.	. <b>Annuities</b> (A contract	t for a periodic payment of mor	ney to you, either for life or for a number of years)	
	■ No □ Yes	Issuer name and description.		
24.	. Interests in an educa 26 U.S.C. §§ 530(b)(1	·	qualified ABLE program, or under a qualified state tuition pro	ogram.
	■ No □ Yes	Institution name and description	on. Separately file the records of any interests.11 U.S.C. § 521(c)	:
25.	. Trusts, equitable or ■ No	future interests in property (	(other than anything listed in line 1), and rights or powers exc	ercisable for your benefit
	☐ Yes. Give specific i	information about them		
26.			and other intellectual property eeds from royalties and licensing agreements	
		information about them		
27.	Examples: Building p	s, and other general intangib permits, exclusive licenses, coo	oles operative association holdings, liquor licenses, professional licens	es
	■ No □ Yes. Give specific	information about them		
M	oney or property owe	d to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	. Tax refunds owed to ■ No	you		
	☐ Yes. Give specific in	nformation about them, includi	ing whether you already filed the returns and the tax years	
29.	. Family support  Examples: Past due  ■ No	or lump sum alimony, spousal	support, child support, maintenance, divorce settlement, property	settlement
	☐ Yes. Give specific in	nformation		
30.	benefits;		ments, disability benefits, sick pay, vacation pay, workers' compeneone else	nsation, Social Security
	No			

Case 1:20-bk-10219 Doc 1 Filed 01/28/20 Entered 01/28/20 08:40:11 Page 14 of 51 Document Debtor 1 Case number (if known) Shannon D. Miller ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$750.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information.......

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

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Debt	or 1 Shannon D. Miller		Case number (if known)	
Part 8	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$13,226.00		
57.	Part 3: Total personal and household items, line 15	\$2,655.00		
58.	Part 4: Total financial assets, line 36	\$750.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$16,631.00	Copy personal property total	\$16,631.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$16,631.00

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this information to identify your case:						
Debtor 1	Shannon D. Mille	r				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF OHIO			
Case number _ (if known)					☐ Check if this is an amended filing	

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim	Specific laws that allow exemption
2018 Chevrolet Malibu 24,000 miles Line from <i>Schedule A/B</i> : 3.1	\$13,226.00	■	\$4,000.00  100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)
Bedroom Set #1 Line from Schedule A/B: 6.1	\$250.00		\$250.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
			100% of fair market value, up to any applicable statutory limit	· / / /
Stereo Line from Schedule A/B: 6.2	\$25.00		\$25.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
			100% of fair market value, up to any applicable statutory limit	
Bedroom Set #2 Line from Schedule A/B: 6.3	\$200.00		\$200.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
			100% of fair market value, up to any applicable statutory limit	
Stove Line from Schedule A/B: 6.4	\$100.00		\$100.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
			100% of fair market value, up to any applicable statutory limit	

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Debtor 1 Shannon D. Miller Case number (if known) Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Dining Room Set** Ohio Rev. Code Ann. § \$150.00 \$150.00 Line from Schedule A/B: 6.5 2329.66(A)(4)(a) 100% of fair market value, up to any applicable statutory limit **Television** Ohio Rev. Code Ann. § \$200.00 \$200.00 Line from Schedule A/B: 6.6 2329.66(A)(4)(a) 100% of fair market value, up to any applicable statutory limit **Living Room Set** Ohio Rev. Code Ann. § \$300.00 \$300.00 2329.66(A)(4)(a) Line from Schedule A/B: 6.7 100% of fair market value, up to any applicable statutory limit **VCR** Ohio Rev. Code Ann. § \$30.00 \$30.00 Line from Schedule A/B: 6.8 2329.66(A)(4)(a) 100% of fair market value, up to any applicable statutory limit Refrigerator Ohio Rev. Code Ann. § \$100.00 \$100.00 2329.66(A)(4)(a) Line from Schedule A/B: 6.9 100% of fair market value, up to any applicable statutory limit Washer / Dryer Ohio Rev. Code Ann. § \$200.00 \$200.00 2329.66(A)(4)(a) Line from Schedule A/B: 6.10 100% of fair market value, up to any applicable statutory limit Two (2) Coolster 125cc ATV's Ohio Rev. Code Ann. § \$600.00 Line from Schedule A/B: 9.1 2329.66(A)(4)(a) 100% of fair market value, up to any applicable statutory limit Woman's Engagement Ring & Ohio Rev. Code Ann. § \$500.00 \$500.00 **Woman's Diamond Earrings** 2329.66(A)(4)(b) Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash Ohio Rev. Code Ann. § \$50.00 \$50.00 Line from Schedule A/B: 16.1 2329.66(A)(3) 100% of fair market value, up to any applicable statutory limit Checking: Fifth Third Bank Checking Ohio Rev. Code Ann. § \$300.00 \$300.00 Account 2329.66(A)(3) Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Rental Deposit: Rental Deposit (Dave Ohio Rev. Code Ann. § \$400.00 \$150.00 **Hummel, Landlord)** 2329.66(A)(3) Line from Schedule A/B: 22.1 100% of fair market value, up to any applicable statutory limit Rental Deposit: Rental Deposit (Dave Ohio Rev. Code Ann. § \$250.00 \$400.00 Hummel, Landlord) 2329.66(A)(18) Line from Schedule A/B: 22.1 п 100% of fair market value, up to any applicable statutory limit

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De	btor 1	Shannon D. Miller	Case number (if known)	
3.	•	rou claiming a homestead exemption of more than \$170,350? ect to adjustment on 4/01/22 and every 3 years after that for cases filed on or	after the date of adjustment.)	
		No		
		Yes. Did you acquire the property covered by the exemption within 1,215 days	before you filed this case?	
	I	□ No		
		□ Yes		

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		Document Pa	age 19	of 51		
Fill in this inform	ation to identify you	ır case:				
Debtor 1	Shannon D. Mill	er				
	First Name		st Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Las	st Name			
United States Ban	kruptcy Court for the:	SOUTHERN DISTRICT OF OHIO				
Case number						
(if known)					☐ Check	if this is an
					ameno	ded filing
Official Form	106D					
		Who Have Claims Ca	d	by Dranaut		4044
Schedule	D: Creditors	Who Have Claims Se	curea	by Propert	<u>y                                    </u>	12/15
		If two married people are filing together, boot, number the entries, and attach it to thi				
•	have claims secured by	your property?				
_ `	_	his form to the court with your other sche	edules. You	u have nothing else t	o report on this form.	
_	all of the information	•				
	Secured Claims	bolow.				
				Column A	Column B	Column C
for each claim. If mo	ore than one creditor has	nore than one secured claim, list the creditor a particular claim, list the other creditors in P cal order according to the creditor's name.		Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
Consumer	Portfolio			value of collateral.	claim	If any
2.1 Services		Describe the property that secures the cl	aim:	\$20,799.63	\$13,226.00	\$7,573.63
Creditor's Name		2018 Chevrolet Malibu 24,000 m	iles			
PO Box 57	-	As of the date you file, the claim is: Check apply.	all that			
Irvine, CA	92619	☐ Contingent				
Number, Street,	City, State & Zip Code	Unliquidated				
Who owes the del	ot? Charle and	Disputed				
_	ot? Check one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only		☐ An agreement you made (such as mortg car loan)	age or secu	rea		
Debtor 1 and Del	htor 2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)			
_	e debtors and another	☐ Judgment lien from a lawsuit	5 5 11011)			
☐ Check if this cla		_	chase M	oney Security		

community debt

Date debt was incurred 12/19

Other (including a right to offset)

Last 4 digits of account number

2307

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Debtor 1 Shannon D. Miller		Case number (if known)			
First Name Middle N	lame Last Name	_			
2.2 Monterey Financial	Describe the property that secures the claim:	\$4,822.00	\$600.00	\$4,222.00	
Creditor's Name	Two (2) Coolster 125cc ATV's				
4095 Avenida De La Plata Oceanside, CA 92056	As of the date you file, the claim is: Check all that apply.  Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or car loan)	secured			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)	e Money Security			
Date debt was incurred 2018	Last 4 digits of account number	7			
Add the dollar value of your entries in C	Column A on this page. Write that number here:	\$25,621.63			
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$25,621.63			

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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			Document	Page 21	L of 51			
Fill in th	is information to ide	entify your case:						
Debtor 1	Shanno	n D. Miller						
Dobtor 1	First Name	ii D. Wille	Middle Name	Last Name				
Debtor 2								
(Spouse if,	filing) First Name		Middle Name	Last Name				
United S	tates Bankruptcy Cou	irt for the: SOL	JTHERN DISTRICT OF O	HIO				
0								
Case nui	mber					по	heck if this is a	an
						_	mended filing	<b></b>
	I Form 106E/F	•						
Sched	lule E/F: Cred	itors Who I	Have Unsecured	Claims			12/1	15
Schedule Schedule eft. Attach	G: Executory Contracts D: Creditors Who Have	s and Unexpired Le Claims Secured by e to this page. If yo	ould result in a claim. Also li eases (Official Form 106G). D y Property. If more space is i ou have no information to rep	o not include needed, copy t	any creditors with partially s the Part you need, fill it out,	secured claims number the en	that are listed i	in es on the
Part 1:	List All of Your PR	IORITY Unsecur	ed Claims					
1. Do ar	ny creditors have priori	ty unsecured claim	ns against you?					
■ No	o. Go to Part 2.							
□ Ye	es.							
Dort 2	List All of Your NO	NIDDIODITY II no	secured Claims					
Part 2:	-							
_	y creditors have nonp	•						
∐ No	o. You have nothing to re	eport in this part. Sub	omit this form to the court with	your other sche	edules.			
■ Ye	es.							
unsec	cured claim, list the credi one creditor holds a parti	tor separately for ea	n the alphabetical order of th ch claim. For each claim listed other creditors in Part 3.If you h	, identify what t	ype of claim it is. Do not list cla	aims already inc	luded in Part 1.	If more
							Total claim	
4.1	Amerimark Premie	er	Last 4 digits of acc	ount number	Unknown			\$90.00
	Nonpriority Creditor's Na	me	<del></del>					
	l112 7th Avenue Monroe, WI 53566		When was the debt	incurred?	2014			
<u> </u>	lumber Street City State	Zip Code	As of the date you	file, the claim i	s: Check all that apply			
V	Vho incurred the debt?	Check one.						
I	Debtor 1 only		☐ Contingent					
[	Debtor 2 only		☐ Unliquidated					
[	Debtor 1 and Debtor 2	2 only	☐ Disputed					
[	At least one of the de	btors and another	Type of NONPRIOR	ITY unsecured	d claim:			
[	☐ Check if this claim is	s for a community	☐ Student loans					
c	lebt	-	Obligations arisin		ration agreement or divorce th	at you did not		
_	s the claim subject to d —	offset?	report as priority clai					
	No		·	•	g plans, and other similar debi	S		
[	Yes		Other. Specify	Account			-	

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Shannon D. Miller	Case number (if known)	
Bank of Missouri	Last 4 digits of account number Unknown	\$421.00
Nonpriority Creditor's Name 216 West 2nd Street Dixon, MO 65459	When was the debt incurred? 2015	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Credit Card	
Capital One / Justice	Last 4 digits of account number 0195	\$474.00
Nonpriority Creditor's Name PO Box 30253	When was the debt incurred? 2018	
Salt Lake City, UT 84130	when was the debt incurred? 2018	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Credit Card	
Cinco Credit Union Nonpriority Creditor's Name	Last 4 digits of account number 1829	\$1,872.00
49 William Howard Taft Cincinnati, OH 45219-1760	When was the debt incurred? 2015	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes		
<b>□</b> 169	Other. Specify Personal Loan	

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Credit One Bank	Last 4 digits of account number Unknown	\$598.00
Nonpriority Creditor's Name 6801 S. Cimarron Road Las Vegas, NV 89113	When was the debt incurred? 2018	_
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit Card	_
Defense Finance & Accounting Service	Last 4 digits of account number 8382	\$1,259.75
Nonpriority Creditor's Name		
Civilian Pay Indianapolis, Dept. 6200	When was the debt incurred? 2019	_
8899 East 56th Street		
Indianapolis, IN 46249-1900		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans	
Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Account for Overpayment of Benefits	_
First Premier Bank	Last 4 digits of account number Unknown	\$430.00
Nonpriority Creditor's Name	<u> </u>	<del></del>
3820 N. Louise Avenue	When was the debt incurred? 2015	_
Sioux Falls, SD 57107 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Other. Specify Credit Card	

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Shannon D. Miller	Case number (if known)	
LVNV Funding LLC	Last 4 digits of account number Unknown	\$598.00
Nonpriority Creditor's Name 625 Pilot Road, Su. 2/3 Las Vegas, NV 89119	When was the debt incurred? 2018	_
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Personal Loan	_
Miamitown Pet Hospital	Last 4 digits of account number Unknown	\$292.00
Nonpriority Creditor's Name 5990 St. Rt. 128	When was the debt incurred? 2019	_
Cleves, OH 45002  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Veterinary Expense	_
Navient	Last 4 digits of account number 0180	\$8,667.00
Nonpriority Creditor's Name		
PO Box 9655	When was the debt incurred? 2005	_
Wilkes Barre, PA 18773-9655  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	· · · · · · · · · · · · · · · · · · ·	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	■ Student loans	
debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify	_
	Student Loan	

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Debt	or 1 Shannon D. Miller		Case number (if known)			
4.1	Progressive Leasing	Last 4 digits of account number	8694	\$183.00		
1	Nonpriority Creditor's Name	Last 4 digits of account number		φ103.00		
	256 West Data Drive Draper, UT 84020	When was the debt incurred?	2018			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Account (B	ig Lots)			
4.1	TriHealth SBO		Unknown	\$600.00		
2	Nonpriority Creditor's Name	Last 4 digits of account number		φουο.υυ		
	PO Box 630892 Cincinnati, OH 45263	When was the debt incurred?	2018			
	Number Street City State Zip Code	As of the date you file, the claim				
	Who incurred the debt? Check one.	•				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharing				
	☐ Yes	Other. Specify Medical Ex				
4.1	Talle alde la a		Maritainala	<b>\$7.404.07</b>		
3	TriHealth, Inc.  Nonpriority Creditor's Name	Last 4 digits of account number	Multiple	\$7,101.07		
	c/o Slovin & Associates Co., LPA 644 Linn Street, Su. 720	When was the debt incurred?	2018			
	Cincinnati, OH 45203		tra Ol - I - II II - I - I - I			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure				
	☐ Check if this claim is for a community	☐ Student loans				
	debt  Is the claim subject to offset?	☐ Obligations arising out of a sepa				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes					
	<b>□</b> 162	■ Other. Specify Medical Ex	henae			

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Shannon D. Miller		Case number (if known)						
Name and Address	On which entry in Part 1 or Part 2 d	lid you list the original creditor?						
Biorn Corporation	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims						
9350 County Road 19, Unit 3 Loretto. MN 55357		■ Part 2: Creditors with Nonpriority Unsecured Claims						
Loretto, Mila 33337	Last 4 digits of account number							
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?							
Receivable Management Services	Line <b>4.11</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims						
LLC 240 Emery Street Bethlehem, PA 18015		■ Part 2: Creditors with Nonpriority Unsecured Claims						
Betheren, 1 A 10013	Last 4 digits of account number							
Name and Address	On which entry in Part 1 or Part 2 d	,						
Slovin & Associates	Line 4.13 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims						
644 Linn Street, Suite 720 Cincinnati, OH 45203		■ Part 2: Creditors with Nonpriority Unsecured Claims						
Circiniati, Oli 43203	Last 4 digits of account number							
Name and Address	On which entry in Part 1 or Part 2 d	lid you list the original creditor?						
TriHealth SBO	Line 4.13 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims						
4685 Forest Avenue Cincinnati, OH 45212		■ Part 2: Creditors with Nonpriority Unsecured Claims						
Ontoninati, 011 40212	Last 4 digits of account number							
Name and Address	On which entry in Part 1 or Part 2 d	lid you list the original creditor?						
U.S. Department of Veterans Affairs	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims						
3200 Vine Street Cincinnati, OH 45220		■ Part 2: Creditors with Nonpriority Unsecured Claims						
Onionnian, Oli TOLLO	Last 4 digits of account number							

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				•	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	8,667.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	13,918.82
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	22,585.82

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Fill in this infor	mation to identify your	case:	.,			
Debtor 1 Shannon D. Miller						
	First Name	Middle Name	Last Name	_		
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO			
Case number						
(if known)						

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the , Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
-	Name				_
	Number	Street			_
	City		State	ZIP Code	_

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		Documer	it Page 28 or	21		
Fill in th	is information to identify your	case:				
Debtor 1	Shannon D. Mille	er				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, t	First Name	Middle Name	Last Name			
United S	tates Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO			
Case nui	mber				☐ Check if this amended fili	
	al Form 106H <mark>dule H: Your Co</mark> d	lebtors				12/15
people ar fill it out, your nam	-	ually responsible for supple boxes on the left. Attach ). Answer every question.	lying correct information the Additional Page to the	on. If more space is r this page. On the to	needed, copy the Additi	ional Page,
2. W	ithin the last 8 years, have yo ona, California, Idaho, Louisiana					clude
	o. Go to line 3.					
□ Ye	es. Did your spouse, former spo	use, or legal equivalent live	with you at the time?			
in lir Forn	olumn 1, list all of your codeb ne 2 again as a codebtor only n 106D), Schedule E/F (Officia Column 2.	if that person is a guarant	or or cosigner. Make su	ire you have listed t	he creditor on Schedule	e D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The cre Check all schedule	editor to whom you owe	e the debt
3.1	James Pilaia 5263 Belclare Road Cincinnati, OH 45247			Schedule D, I Schedule E/F Schedule G Consumer Port	ine 2.1 , line	

Schedule H: Your Codebtors

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C:II	in this information to	identify your o					1				
	in this information to ottor 1	Shannon D.									
	otor 2  ouse, if filing)		-			_					
` '		cy Court for the	SOUTHERN DISTRIC	CT OF OHIO							
	se number nown)						□ Ar		ent showin	ng postpetition	
	fficial Form		nme					M / DD/ Y		ollowing date.	12/15
Be a sup spo atta	as complete and acc plying correct infor use. If you are sepa ch a separate sheet	curate as poss mation. If you rrated and you	sible. If two married peo are married and not filin r spouse is not filing wi On the top of any additi	ng jointly, and yo ith you, do not in	ur spouse i clude inforr	s liv nati	ing with yon about	ou, incluyour spo	ude infori use. If m	mation about ore space is	ible for your needed,
1.	Fill in your employ	Fill in your employment		Debtor 1	Debtor 1			Debtor 2	or non-f	iling spouse	
	If you have more the attach a separate prinformation about a	page with	Employment status	■ Employed □ Not employe	<ul><li>■ Employed</li><li>□ Not employed</li></ul>				oyed mployed		
	employers.		Occupation	STNA							
	Include part-time, s self-employed work		Employer's name	Eldon Boggs	<b>:</b>						
	Occupation may incor homemaker, if it		Employer's address	c/o Elite Gro 8075 Hickory Cincinnati, O	Hill	3					
Par	rt 2: Give Deta	ails About Mon	How long employed the	here? 1 Ye	ar			_			
Esti		ne as of the da	ate you file this form. If	you have nothing	to report for a	any	line, write	\$0 in the	space. In	clude your nor	n-filing
	ou or your non-filing s e space, attach a sep		re than one employer, co	ombine the informa	ation for all e	mple	oyers for t	hat perso	n on the li	ines below. If y	you need
							For Deb	tor 1		btor 2 or ing spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$	3,4	466.67	\$	N/A	
3.	Estimate and list	monthly overti	me pay.		3.	+\$		153.55	+\$	N/A	
4.	Calculate gross Ir	ncome. Add lin	e 2 + line 3.		4.	\$	3,62	0.22	\$	N/A_	

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Shannon D. Miller		(	Case	number (if k	known)				
	Cor	ny line 4 hore	4.		For	Debtor 1	0.00		or Debtor	spouse	
	Col	by line 4 here	4.		Φ_	3,62	0.22	Φ		N/A	<u> </u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_		3.01	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$_		0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c		\$_		0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d		\$_		0.00	\$		N/A	_
	5e.	Insurance	5e		\$_		0.00	\$		N/A	
	5f.	Domestic support obligations	5f.		\$_		0.00	\$		N/A	
	5g.	Union dues	5g		\$_		0.00	\$		N/A	_
	5h.	Other deductions. Specify:	_ SII	1.+	\$_		0.00	+ \$		N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ _		3.01	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	3,00	7.21	\$		N/A	<u>\</u>
8.	8b. 8c. 8d. 8e. 8f.	Ret income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8a 8b 8c 8d 8e	).	\$		0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$		N/A N/A N/A N/A N/A	<u>A</u>
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$_		0.00	+ \$		N/A	<u>\</u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	<u> </u>		0.00	\$		N/	<b>'</b> A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,007.21	+ \$		N/A	= \$	3,007.21
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-		3,007. <u>Z</u> 1	$\exists \exists $		19/	-     -	3,007.21
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe			•		•	n <i>Schedul</i>	le J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies								\$	3,007.21
13.	Do	you expect an increase or decrease within the year after you file this form? No.	?							Comb	ined nly income
		Voc Evoloin:								_	

Official Form 106l Schedule I: Your Income page 2

ΞIII	in this informat	tion to identify yo	ur caca:								
Deb	tor 1	Shannon D. I	Miller				Ch	eck if th	nis is: mended filing		
Deb	otor 2						H		J	ving postpetition cha	pter
(Spo	ouse, if filing)						_			the following date:	
Unit	ed States Bankr	uptcy Court for the:	SOUTH	IERN DISTRICT OF	ОНЮ			MM /	DD / YYYY		
Cas	e number										
(If kı	nown)										
Of	fficial Fo	rm 106J									
Sc	chedule	J: Your I	Exper	ises							12/15
Be info nur	as complete a ormation. If me mber (if knowi	and accurate as ore space is ne n). Answer ever	possible eded, atta y questio	If two married peop ch another sheet to							
Par 1.	t 1: Descri	ibe Your House	hold								
١.	No. Go to										
			n a senar	ate household?							
	□ res. <b>Doc</b> .		ii a sepai	ate nousenoia:							
			t file Offici	al Form 106J-2, <i>Exp</i> e	enses fo	r Separate House	hold of De	ebtor 2.			
2.		e dependents?	_			•					
۷.	•	•	□ No	=======================================				_			
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information each dependent		Dependent's relation Debtor 1 or Debtor			Dependent's ge	Does dependent live with you?	
	Do not state	the								□ No	
	dependents i	names.			_	Daughter		9		Yes	
										□ No	
					-					☐ Yes ☐ No	
										□ No □ Yes	
					-					□ res □ No	
										□ Yes	
3.	expenses of	enses include f people other the d your depender	nan <sub>II</sub>	No Yes	-					<b>=</b> 199	
		ate Your Ongoir									
exp				uptcy filing date unl y is filed. If this is a							
				government assista							
	value of such ficial Form 10		d have inc	luded it on <i>Schedu</i>	ile I: You	ır Income			Your expe	enses	
4.		r home owners		ses for your resider	nce. Incl	ude first mortgage	4.	\$		400.00	
	If not includ	ed in line 4:									
	4a. Real e	state taxes					4a.	\$		0.00	
		rty, homeowner's	, or renter	's insurance			4b.	: —		0.00	
				ıpkeep expenses			4c.	\$		0.00	
_		owner's associat					4d.			0.00	
5.	Additional n	nortgage payme	ents for yo	our residence, such	as home	equity loans	5.	\$		0.00	

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ebtor 1	Shannon D. Miller	Case numb	er (if known)	
[ l+ili	ties:			
. <b>Utili</b> 6a.	Electricity, heat, natural gas	6a.	\$	140.00
6b.	Water, sewer, garbage collection		\$	50.00
6c.	Telephone, cell phone, Internet, satellite, and cable services		\$	340.00
6d.	Other. Specify:		\$	0.00
	d and housekeeping supplies		\$	400.00
	dcare and children's education costs		\$	150.00
	thing, laundry, and dry cleaning		\$	50.00
	sonal care products and services		\$	50.00
	lical and dental expenses		\$	100.00
	nsportation. Include gas, maintenance, bus or train fare.		Ψ	100.00
	not include car payments.	12.	\$	200.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	15.00
	ritable contributions and religious donations	14.	\$	0.00
	irance.		`	
Do r	not include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	280.00
15c.	Vehicle insurance	15c.	\$	200.00
15d.	Other insurance. Specify:	15d.	\$	0.00
Tax	es. Do not include taxes deducted from your pay or included in lines 4 or 20	0.		
Spe	cify:	16.	\$	0.00
	allment or lease payments:			
17a.	Car payments for Vehicle 1	17a.	\$	606.43
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
17d.	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not rep		•	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form		·	
	er payments you make to support others who do not live with you.		\$	0.00
Spe	·	19.		
	er real property expenses not included in lines 4 or 5 of this form or o  Mortgages on other property	n <i>Schedule I: Yol</i> 20a.		0.00
			·	0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.		0.00
	Homeowner's association or condominium dues	20e.	·	0.00
Oth	er: Specify: Pet Care Expenses	21.	+\$	25.00
Calc	culate your monthly expenses			
	Add lines 4 through 21.		\$	3,006.43
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10	06J-2	\$	,
	Add line 22a and 22b. The result is your monthly expenses.		\$	3,006.43
	. 100 mile 220 and 220. The result to your monthly expenses.			3,000.43
	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	3,007.21
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,006.43
		Γ		
23c.	Subtract your monthly expenses from your monthly income.	225	¢	0.78
	The result is your monthly net income.	23c.	\$	0.70
For e modi	you expect an increase or decrease in your expenses within the year asxample, do you expect to finish paying for your car loan within the year or do you experication to the terms of your mortgage?			e or decrease because c
Пγ	es Explain here:			

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Fill in this inform	mation to identify your ca	se:				
Debtor 1	Shannon D. Miller					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT OF	OHIO			
Case number _ (if known)					☐ Check if this is a amended filing	n
Official Forn	m 106Dec					
Declarat	ion About ar	n Individual D	ebtor's So	chedules		12/15
years, or both. 1	y or property by fraud in 6 8 U.S.C. §§ 152, 1341, 151 n Below		otcy case can result	in fines up to \$250,00	00, or imprisonment for up	to 20
Did you pa	y or agree to pay someor	ne who is NOT an attorney	to help you fill out	bankruptcy forms?		
■ No						
☐ Yes. N	Name of person				kruptcy Petition Preparer's N , and Signature (Official Fori	
	ilty of perjury, I declare th e true and correct.	at I have read the summa	ry and schedules fil	led with this declaration	on and	
X /s/ Sha	annon D. Miller		X			
• • • • • • • • • • • • • • • • • • • •	on D. Miller re of Debtor 1		Signature of	of Debtor 2		

Date

Date **January 21, 2020** 

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Fill	in this inform	nation to identify you	r case:			
De	btor 1	Shannon D. Mille				
De	btor 2	First Name	Middle Name	Last Name		
	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bar	kruptcy Court for the:	SOUTHERN DISTRICT O	OF OHIO		
Ca	se number					
(if kı	nown)				_	theck if this is an mended filing
						menaea ming
$\sim$ 4	ficial Fa	107				
_	ficial Fo		Accelus con la disci	landa Eilian (an D		
St	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19
					equally responsible for sup additional pages, write you	
		). Answer every ques		uns form. On the top of any	additional pages, write you	ii name and case
Pa	rt 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.		current marital statu				
	_					
	☐ Married	.:d				
	■ Not mar	riea				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	☐ Yes. List	all of the places you li	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3.	Within the la	st 8 vears. did vou ev	ver live with a spouse or led	ial equivalent in a commun	ity property state or territory	? (Community property
stat					co, Texas, Washington and W	
	■ No					
	_	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	fficial Form 106H).		
Pa	rt 2 Explain	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
	_	in the details.				
			Dalitan 4		Dalita a O	
			Debtor 1 Sources of income	Gross income	Debtor 2	Cress income
			Check all that apply.	(before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$3,856.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

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De		nannon D.	Miller	Documen	nt Page 35 of 51	e number (if known)	Desc Ivialii	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
	For last calendar year: (January 1 to December 31, 2019)		■ Wages, commissions, bonuses, tips	\$34,966.00	☐ Wages, commissions, bonuses, tips			
				☐ Operating a business		☐ Operating a business		
For the calendar year before that: (January 1 to December 31, 2018)		■ Wages, commissions, bonuses, tips	\$14,113.00	☐ Wages, commissions, bonuses, tips				
			☐ Operating a business		☐ Operating a business			
	■ No □ Yes.	Fill in the de	etails.	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)	
					exclusions)		and exclusions)	
Pá	art 3: Lis	t Certain Pa	ıyments Yοι	Made Before You Filed for	Bankruptcy			
6.	Are either □ No.	Neither Doindividual   During the No. Yes	ebtor 1 nor I primarily for a 90 days before Go to line List below paid that controlled	P's debts primarily consume Debtor 2 has primarily consume a personal, family, or househo ore you filed for bankruptcy, di 7. each creditor to whom you pai reditor. Do not include paymer a payments to an attorney for the at on 4/01/22 and every 3 year	umer debts. Consumer debts Id purpose."  id you pay any creditor a tota  id a total of \$6,825* or more ints for domestic support oblighis bankruptcy case.	I of \$6,825* or more?  n one or more payments and pations, such as child support	the total amount you and alimony. Also, do	
	Yes.			or both have primarily consu		I of \$600 or more?		
		■ No.	Go to line	7.				
		□ Yes	List below include pay	each creditor to whom you pai yments for domestic support o r this bankruptcy case.				

**Creditor's Name and Address** 

**Dates of payment** 

**Total amount** paid

Amount you still owe

Was this payment for ...

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7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? <i>Insiders</i> include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.						
	■ No						
	☐ Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		his payment	
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.						
	■ No						
	☐ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		tor's name	
Pai	t 4: Identify Legal Actions, Repossession	s, and Foreclosures					
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.						
	<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>						
	Case title Case number	Nature of the case	Court or agency		Status of the	Status of the case	
	TriHealth, Inc. vs. Shannon D. Miller 19CV25637	Account	Hamilton County, Ohio Municipal Court			■ Pending □ On appeal □ Concluded	
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.						
	No. Go to line 11.						
	☐ Yes. Fill in the information below.						
	Creditor Name and Address	Describe the Property Date			te	Value of the property	
		Explain what happened				property	
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No  Yes. Fill in the details.						
	Creditor Name and Address	Describe the action the creditor took Date take			te action was	Amount	
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at No		rty in the possessi			fit of creditors, a	

Debtor 1 Shannon D. Miller

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De	otor 1	Shannon D. Miller	•	Cas	se number (if known)	
Pal	rt 5:	List Certain Gifts and Contributio	ins			
				did you give any gifts with a total value	of more than \$600 per person	?
		No  /es. Fill in the details for each gift.		,		
	Gifts	with a total value of more than \$6 person	600	Describe the gifts	Dates you gave the gifts	Value
	Perso Addr	on to Whom You Gave the Gift and ess:	d			
14.		n 2 years before you filed for bank No Yes. Fill in the details for each gift or		did you give any gifts or contributions	with a total value of more than	\$600 to any charity?
	more Char	or contributions to charities that than \$600 ity's Name less (Number, Street, City, State and ZIP Co		Describe what you contributed	Dates you contributed	Value
Pai	rt 6:	List Certain Losses				
15.	or gar	n 1 year before you filed for bankr mbling? No Yes. Fill in the details.	uptcy or	since you filed for bankruptcy, did you	u lose anything because of the	ft, fire, other disaster,
		ribe the property you lost and the loss occurred	Include	the any insurance coverage for the lose the amount that insurance has paid. List not claims on line 33 of Schedule A/B: Pr	pending	Value of property lost
Pa	rt 7:	List Certain Payments or Transfe	rs			
16.	Includ	ulted about seeking bankruptcy or	preparii	id you or anyone else acting on your bong a bankruptcy petition? s, or credit counseling agencies for service		rty to anyone you
		on Who Was Paid		Description and value of any propert	ty Date payment	Amount of
		ess il or website address on Who Made the Payment, if Not	You	transferred	or transfer was made	payment
	5257	ey & Gunderson Co., LPA 7 Montgomery Road sinnati, OH 45212		Fees -\$1,099.00 Costs - \$25.00	11/19 to 1/20	\$1,124.00
17.	promi		editors o	id you or anyone else acting on your b r to make payments to your creditors? red on line 16.		rty to anyone who
	_	No				
		es. Fill in the details.		Description and value of any propert	bate payment	Amount of
	Addr			transferred	or transfer was	payment

made

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Debtor 1 Shannon D. Miller

Case number (if known)

18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread No  Yes. Fill in the details.	usiness or financial affa ade as security (such as t	nirs? he granting of a se		•	
	Person Who Received Transfer Address Person's relationship to you	Description and v property transferr		Describe any propayments received paid in exchange	ved or debts	Date transfer was made
19.			y property to a se	elf-settled trust or s	similar device of	f which you are a
	Name of trust	Description and v	alue of the prope	rty transferred		Date Transfer was made
Par	rt 8: List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and Stor	age Units		
20.	Within 1 year before you filed for bankruptc sold, moved, or transferred?	y, were any financial ac	counts or instrun	nents held in your	name, or for you	ur benefit, closed,
	Include checking, savings, money market, o houses, pension funds, cooperatives, association No			f deposit; shares i	n banks, credit ι	unions, brokerage
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accouninstrument	t or Date according closed, s moved, o transferre	or	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	year before you filed for	bankruptcy, any	safe deposit box o	or other deposite	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		escribe the conter	nts	Do you still have it?
22.	Have you stored property in a storage unit of	or place other than your	home within 1 ye	ear before you filed	l for bankruptcy	?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		escribe the conter	ıts	Do you still have it?
Par	rt 9: Identify Property You Hold or Control	for Someone Else				
23.	Do you hold or control any property that so for someone.	meone else owns? Inclu	ude any property	you borrowed fron	n, are storing fo	r, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		escribe the proper	rty	Value
Par	rt 10: Give Details About Environmental Info	ormation				
For	the purpose of Part 10, the following definition	ons apply:				

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Shannon D. Miller Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Code)  Court or agency  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No	Date of notice							
No   Yes. Fill in the details.   Name of site	Date of notice							
Yes. Fill in the details.   Name of site   Address (Number, Street, City, State and ZIP Code)   Personal Code   Personal Code	Date of notice							
Yes. Fill in the details.   Name of site   Address (Number, Street, City, State and ZIP Code)   Personal Code   Personal Code	Date of notice							
Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Case Title Case Number  Court or agency Name Address (Number, Street, City, State and ZIP Code)  Nature of the case  S Case Title Case Number  Address (Number, Street, City, State and ZIP Code)  Part 11: Give Details About Your Business or Connections to Any Business  7: Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business or a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership	Date of notice							
No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and No Yes. Fill in the details.  Case Title Case Number Case Number Address (Number, Street, City, State and ZIP Code)  Part 11: Give Details About Your Business or Connections to Any Business  27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business or have any of the full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP)								
Yes. Fill in the details.   Name of site   Address (Number, Street, City, State and ZIP Code)   Address (Number, Street, City, State and ZIP Code)   Address (Number, Street, City, State and ZIP Code)   Details About Your Business or Connections to Any Business or have any of the following connections to any but   A partner in a partnership   A partner in a partnership								
Address (Number, Street, City, State and ZIP Code)  No  No  Yes. Fill in the details.  Case Title Case Number  Case Number  Case Number  Case Number  Case Number  Court or agency Name Address (Number, Street, City, State and ZIP Code)  Part 11:  Give Details About Your Business or Connections to Any Business  27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any bu  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A member of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership								
No     Yes. Fill in the details.  Case Title Case Number  Case Number  Case Number  Case Number, Street, City, State and ZIP Code)  Part 11:  Give Details About Your Business or Connections to Any Business  27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any busine								
☐ Yes. Fill in the details.         Case Title       Court or agency       Nature of the case         Case Number       Name       Address (Number, Street, City, State and ZIP Code)         Part 11: Give Details About Your Business or Connections to Any Business         27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any bu         ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time         ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)         ☐ A partner in a partnership	orders.							
Case Number  Name Address (Number, Street, City, State and ZIP Code)  Part 11: Give Details About Your Business or Connections to Any Business  27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business or have any of the following connections								
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any bu  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A member of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership	Status of the case							
□ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership								
□ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership	usiness?							
☐ A partner in a partnership								
☐ An officer, director, or managing executive of a corporation								
☐ An owner of at least 5% of the voting or equity securities of a corporation								
■ No. None of the above applies. Go to Part 12.								
Yes. Check all that apply above and fill in the details below for each business.								
Business Name Describe the nature of the business Employer Identification number								
Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Dates business existed	nber or ITIN.							
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include institutions, creditors, or other parties.	all financial							
■ No								
Yes. Fill in the details below.								
Name Address (Number, Street, City, State and ZIP Code)								

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 1:20-bk-10219 Doc 1 Filed 01/28/20 Entered 01/28/20 08:40:11 Desc Main Document Page 40 of 51

Debtor	Shannon D. Miller	Case number (if known)	
with a		g a false statement, concealing property, or obtaining money or property by fraud in connec to \$250,000, or imprisonment for up to 20 years, or both.	tion
/s/ Sh	annon D. Miller		
Shannon D. Miller Signature of Debtor 1		Signature of Debtor 2	
Date	January 21, 2020	Date	
Did you	u attach additional pages to Your Sta	ment of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?	
No			
□ Yes			
Did you	u pay or agree to pay someone who	not an attorney to help you fill out bankruptcy forms?	
NI-			

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Southern District of Ohio

In r	re Shannon D. Miller		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPI	ENSATION OF ATTOI	RNEY FOR D	EBTOR(S)	
1.	Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation	ling of the petition in bankruptcy,	or agreed to be paid	to me, for services rende	red or to
	For legal services, I have agreed to accept		\$	1,099.00	
	Prior to the filing of this statement I have received	d	\$	1,099.00	
	Balance Due		<b></b> \$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed con	npensation with any other person	unless they are men	bers and associates of my	law firm.
	☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n				irm. A
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspect	ts of the bankruptcy	case, including:	
	<ul> <li>a. Analysis of the debtor's financial situation, and reneb.</li> <li>b. Preparation and filing of any petition, schedules, st</li> <li>c. Representation of the debtor at the meeting of creded.</li> <li>d. [Other provisions as needed]</li> <li>None.</li> </ul>	atement of affairs and plan which	may be required;		cy;
6.	By agreement with the debtor(s), the above-disclosed in Legal services excluded by the fee agr		g service:		
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	any agreement or arrangement for	payment to me for	representation of the debto	or(s) in
,	January 21, 2020	/s/ Michael S. Bai	ley		
	Date	Michael S. Bailey Signature of Attorne Bailey & Gunders 5257 Montgomer Cincinnati, OH 45 (513) 631-0022 F Bailey.gundersor	ey son Co., L.P.A. y Road 5212-1654 Fax: (513) 631-100	3	
		Name of law firm			-

Fill in this in	formation to identify your case:					irected in this form and	in Form
Debtor 1	Shannon D. Miller		12:	2A-1Sup	op:		
Debtor 2 (Spouse, if filing	3)			■ 1. Th	ere is no pres	umption of abuse	
United State	es Bankruptcy Court for the: Southern District	of Ohio		ap	oplies will be n	o determine if a presul nade under <i>Chapter 7</i> icial Form 122A-2).	
Case numb (if known)	er			_		does not apply now be	acause of
			<u>'</u>			service but it could a	
				☐ Che	ck if this is a	n amended filing	
<u>Official</u>	Form 122A - 1						
Chapte	er 7 Statement of Your Cu	rrent Moi	nthly Inc	ome	•		12/19
attach a sepa case number qualifying mi	the and accurate as possible. If two married people rate sheet to this form. Include the line number to very cliff the possible of the line number to very cliff the property of the litery service, complete and file Statement of Exemption Calculate Your Current Monthly Income	which the addition om a presumption ption from Presur	nal information a of abuse becau	applies. ( se you d	On the top of ails Io not have prin	ny additional pages, wri	te your name and or because of
_	is your marital and filing status? Check one or t married. Fill out Column A, lines 2-11.	nıy.					
_	rried and your spouse is filing with you. Fill o	ut hoth Columns	A and B lines	2-11			
_	rried and your spouse is NOT filing with you.		•	2 11.			
	iving in the same household and are not leg	•	•	lumns A	and B, lines 2	2-11.	
	Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evadi	legally separated	d under nonban	kruptcy	law that applie	es or that you and you	
101(10A). the 6 mon	average monthly income that you received from all For example, if you are filing on September 15, the 6-n ths, add the income for all 6 months and divide the tota wn the same rental property, put the income from that p	nonth period would I by 6. Fill in the re	be March 1 throi sult. Do not includ	ugh Augu de any ind	ist 31. If the amo	ount of your monthly incor ore than once. For examp	ne varied during ble, if both
				Columi		Column B Debtor 2 or non-filing spouse	
	gross wages, salary, tips, bonuses, overtime, deductions).	and commission	ons (before all	\$	3,752.67	\$	
	<b>ny and maintenance payments.</b> Do not include n B is filled in.	payments from	a spouse if	\$	0.00	\$	
<b>of you</b> from a and ro	nounts from any source which are regularly post or your dependents, including child support no unmarried partner, members of your househole ommates. Include regular contributions from a sport on the payments you listed on line 3.	. Include regular d, your depende	contributions nts, parents,	\$	0.00	\$	
	come from operating a business, profession,	or farm					
			otor 1				
	receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>					
	ry and necessary operating expenses onthly income from a business, profession, or far		Copy here ->	\$	0.00	\$	
	come from rental and other real property	Ψ	.,	·		`	
	,		otor 1				
Gross	receipts (before all deductions)	\$ 0.00					
	ary and necessary operating expenses	-\$ 0.00	Copy here ->	¢	0.00	¢	
	onthly income from rental or other real property	\$	copy nere ->		0.00	\$	
7. Interes	st, dividends, and royalties			\$	0.00	·	

Official Form 122A-1

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Debtor 1 Shannon D. Miller Case number (if known)

							Column A Debtor 1		Column E Debtor 2 non-filing	or		
8.	Unem	ployn	nent compensation				\$	0.00	\$	-		
	Do not	t enter	the amount if you contend ecurity Act. Instead, list it h		nt received was a ben	efit under						
	For	you <sub></sub>		9	6	0.00						
	For	your s	spouse	9	<u> </u>							
9.	Pension benefit not inc United disability pay particles in does n	on or t unde clude a l State lity, or aid und not exc	retirement income. Do not the Social Security Act. A any compensation, pension as Government in connecting death of a member of the der chapter 61 of title 10, the ceed the amount of retired der any provision of title 10	ot include any ar Also, except as s n, pay, annuity, o on with a disabil uniformed servionen include that pay to which yo	mount received that we stated in the next sen or allowance paid by lity, combat-related in ces. If you received a pay only to the exten u would otherwise be	tence, do the jury or ny retired t that it		0.00	\$			
10.	Do not receive domes	t included as stic ter	m all other sources not lide any benefits received use a victim of a war crime, a corrorism; or compensation, per Government in connections.	nder the Social scrime against hubension, pay, an	Security Act; paymen manity, or internation nuity, or allowance pa	ts al or aid by the						
			death of a member of the		ces. If necessary, list	other						
	source	es on a	a separate page and put th	ie totai below.			\$	0.00	\$			
							\$	0.00	\$			
		Tot	al amounts from separate	nages if any			\$	0.00	\$			
			·				Ψ	¬	Ψ			7
11.			our total current monthly n. Then add the total for Co			\$	3,752.67	+ \$ _		= \$_	3,752.67	
										Total	current monthly	_
Part	2:	Dete	rmine Whether the Means	s Test Applies	to You							
12.	Calcul	late y	our current monthly inco	me for the year	r. Follow these steps:							٦
	12a. C	Сору у	our total current monthly in	ncome from line	11		Сор	y line 11 h	nere=>	\$	3,752.67	
	M	/lultiply	y by 12 (the number of mor	nths in a year)						X	12	_
	12b. T	he res	sult is your annual income	for this part of th	ne form				12	2b. \$	45,032.04	
13.	Calcul	late th	ne median family income	that applies to	you. Follow these st	eps:						-
	Fill in t	the sta	ate in which you live.		ОН							
	Fill in t	the nu	mber of people in your hou	usehold.	2							
	Fill in t	the me	edian family income for you	ır state and size	of household.	J			13	3 e	63,514.00	7
	To find	d a list	of applicable median inco This list may also be avai	me amounts, go	online using the link	specified	in the separ	ate instruc		ο.		
14.	How d	do the	lines compare?									
	14a.		Line 12b is less than or ed Go to Part 3. Do NOT fill of	out or file Officia	l Form 122A-2.		·	•	•		22.4.2	
	14b.	П	Line 12b is more than line Go to Part 3 and fill out Fo		or page 1, check box	∠, me pr	<del>с</del> эинрион О	เ สมนอ <del>ย</del> IS (	ueterriiriea	IJ ΓUIII Ί	LLM-L.	
Part	3:	Sign	Below									
	В	By sign	ning here, I declare under p	enalty of perjury	y that the information	on this st	atement and	in any atta	chments is	true and o	correct.	
	X		Shannon D. Miller									
	Date	Sign	ature of Debtor 1  uary 21, 2020									

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Debtor 1	Shannon D. Miller	Case number (if known)	
	MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form	n.	

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Debtor 1 Shannon D. Miller Case number (if known)

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 07/01/2019 to 12/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Eldon Boggs

Constant income of \$3,752.67 per month.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
<u>+</u>	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Amerimark Premier 1112 7th Avenue Monroe, WI 53566

Bank of Missouri 216 West 2nd Street Dixon, MO 65459

Biorn Corporation 9350 County Road 19, Unit 3 Loretto, MN 55357

Capital One / Justice PO Box 30253 Salt Lake City, UT 84130

Cinco Credit Union 49 William Howard Taft Cincinnati, OH 45219-1760

Consumer Portfolio Services PO Box 57071 Irvine, CA 92619

Credit One Bank 6801 S. Cimarron Road Las Vegas, NV 89113

Defense Finance & Accounting Service Civilian Pay Indianapolis, Dept. 6200 8899 East 56th Street Indianapolis, IN 46249-1900

First Premier Bank 3820 N. Louise Avenue Sioux Falls, SD 57107

James Pilaia 5263 Belclare Road Cincinnati, OH 45247

LVNV Funding LLC 625 Pilot Road, Su. 2/3 Las Vegas, NV 89119

Miamitown Pet Hospital 5990 St. Rt. 128 Cleves, OH 45002

Monterey Financial 4095 Avenida De La Plata Oceanside, CA 92056 Navient PO Box 9655 Wilkes Barre, PA 18773-9655

Progressive Leasing 256 West Data Drive Draper, UT 84020

Receivable Management Services LLC 240 Emery Street Bethlehem, PA 18015

Slovin & Associates 644 Linn Street, Suite 720 Cincinnati, OH 45203

TriHealth SBO PO Box 630892 Cincinnati, OH 45263

TriHealth SBO 4685 Forest Avenue Cincinnati, OH 45212

TriHealth, Inc. c/o Slovin & Associates Co., LPA 644 Linn Street, Su. 720 Cincinnati, OH 45203

U.S. Department of Veterans Affairs 3200 Vine Street Cincinnati, OH 45220